

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90325 031 \*\*\*150.00

**DOCUMENT # P00000047339**

1. Entity Name

**SOMBRERO REEF PROPERTIES, INC.**

Principal Place of Business

**493 SOMBRERO BEACH RD  
 MARATHON FL 33050**

Mailing Address

**493 SOMBRERO BEACH RD  
 MARATHON FL 33050**

2. Principal Place of Business

**2109 OVERSEAS HWY**

3. Mailing Address

**2109 OVERSEAS HWY.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MARATHON, FL**

City & State

**MARATHON, FL**

Zip

**33050**

Country

**USA**

Zip

**33050**

Country

**USA**

4. FEI Number

**65-1008523**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, ROBERT D  
 493 SOMBRERO BEACH RD  
 MARATHON FL 33050**

7. Name and Address of New Registered Agent

Name

**WILLIAMS, ROBERT D.**

Street Address (P.O. Box Number is Not Acceptable)

**2109 OVERSEAS HWY.**

City

**MARATHON**

FL

Zip Code

**33050**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typewritten printed name of registered agent and title and capacity.

(NOTE: Registered Agent signature required when re-registering.)

DATE

**4/17/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, ROBERT D</b>	
STREET ADDRESS	<b>493 SOMBRERO BEACH RD</b>	
CITY-ST-ZIP	<b>MARATHON FL 33050</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILLIAMS, DOYLE</b>	
STREET ADDRESS	<b>36 HUNTERS LANE</b>	
CITY-ST-ZIP	<b>HENDERSONVILLE NC 28791</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, SCOTT</b>	
STREET ADDRESS	<b>50 SUNSET BLVD</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32176</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P/T/STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, ROBERT D.</b>	
STREET ADDRESS	<b>2109 OVERSEAS HWY</b>	
CITY-ST-ZIP	<b>MARATHON, FL 33050</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D/V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, SCOTT</b>	
STREET ADDRESS	<b>5911 JOHN ANDERSON HWY.</b>	
CITY-ST-ZIP	<b>FLAGLER BEACH, FL 32136</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/01**

Date

Daytime Phone #

CR2E034 (10/00)